

Wolff Law Offices, PLLC
209 Providence Rd. Chapel Hill, NC 27514
(919) 419-8582 (tel) (919) 419-8583 (fax)

Wolff Law Offices, PLLC

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NOV 20 2006

To: USPTO - Examiner Sonny Trinh **From:** Kevin Alan Wolff
Fax: 571-273-8300 **Pages:** 20
Phone: 571-272-3350 **Date:** 11/20/2006
Re: Response to Office Action dated July 19, **cc:**
2006 in Application No. 10/803,969

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

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● **Comments:**

Dear Examiner Trinh:

Please find enclosed in this correspondence regarding Application No. 10/803,969

- 1) Filing Record
- 2) Transmittal Form
- 3) Fee Transmittal Form
- 4) Credit Card Payment Form PTO 2038
- 5) Amendment
- 6) Excess Claim Fee Letter
- 7) Petition for Extension of Time under 37 C.F.R. 1.136

Thank you for your attention to this matter,

Kevin Alan Wolff

WOLFF LAW OFFICES, PLLC - FILING RECORD

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Attorney Docket No.: **STI - PAUS0001**
Today's Date: **November 20, 2006**
Attorney: **Kevin A. Wolff**
Fee Transmitted Herewith: **\$85**
Serial No.: **10/803,969**
Filing Date: **March 19, 2004**
Title: **SYSTEMS AND METHODS FOR RECEIVER UPGRADE**
Inventors: **Ashok Burton Tripathi**

THE PTO STAMP HEREON ACKNOWLEDGES RECEIPT OF:**DOCUMENTS BEING FILED:**

- (1) Transmittal Form
- (2) Fee Transmittal Form
- (3) Credit Card Payment Form
- (4) Amendment in Response to Office Action dated July 19, 2006
- (5) Excess Claim Fee Letter
- (6) Petition for Extension of Time under 37 C.F.R. 1.136

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NOV 20 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/803,969
	Filing Date	March 19, 2004
	First Named Inventor	Ashok Burton Tripathi
	Art Unit	2618
	Examiner Name	Sonny Trinh
27	Attorney Docket Number	STI-PAUS0001

ENCLOSURES (Check all that apply)

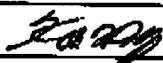
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Filing Record, Excess Claim Fee Letter, Credit Card Payment Form PTO-2038
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wolff Law Offices, PLLC		
Signature	/Kevin Alan Wolff/ 		
Printed name	Kevin Alan Wolff		
Date	November 20, 2006	Reg. No.	42,233

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/Kevin Alan Wolff/ 
Typed or printed name	Kevin Alan Wolff
Date	November 20, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV 20 2006

PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$110.00

Complete If Known

Application Number	10/803,969
Filing Date	March 19, 2004
First Named Inventor	Ashok Burton Tripathi
Examiner Name	Sonny Trinh
Art Unit	2618
Attorney Docket No.	STI-PAUS0001

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: _____		Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = 1	x 25	= 25	

Multiple Dependent ClaimsFee (\$) Fee Paid (\$)

\$0 _____

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = 1	x 25	= 25	

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 1	/ 50 = 1	(round up to a whole number) x 25 = 25		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = 1 / 50 = 1 (round up to a whole number) x 25 = 25

Fee Paid (\$)

\$85.00

Fee Paid (\$)Fee Paid (\$)

Patent Application
Attorney Docket No.: STI-PAUS0001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Application of: Ashok Burton Tripathi

Filing Date: March 19, 2004

**RECEIVED
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Serial Number: 10/803,969

Group Art Unit: 2618

NOV 20 2006

For: SYSTEMS AND METHODS FOR
RECEIVER UPGRADE

Examiner: Sonny Trinh

Excess Claim Fee Payment Letter

Commissioner of Patents
Washington, D.C. 20231

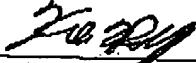
Dear Sir or Madam:

Attached hereto is a Response and Amendment Under 37 CFR 1.111 and 1.121 in the above-identified application. The original claims in the above application contained 43 total claims whereas the new claims result in 44 total claims, 24 claims beyond the statutory limit of 20 total claims. 23 of the 24 claims beyond the statutory limit of 20 total claims were paid for upon filing the Application on March 19, 2004. 1 additional excess claim is being paid for in this correspondence. The small entity fee has been calculated as shown below.

	<u>After Amend.</u>	<u>Highest Previous No.</u>	<u>Amount</u>
All Claims:	44	43	1 x \$25 = \$25
Independent	3	3	0 x \$200 = \$0
Multiple Dependent	0		\$0
		TOTAL =	\$25

A Credit Card Payment Form including the statutory fee of \$25.00 is attached.
Please charge any additional fees or credit any overpayment to the credit card.

Respectfully submitted,


 Kevin Alan Wolff
 Registration No. 42,233
 Wolff Law Offices, PLLC
 209 Providence Road
 Chapel Hill, NC 27514
 Phone: 919-419-8582

Date: November 20, 2006